

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	BSC-164
		First Named Inventor	Li <i>et al.</i>
COMPLETE IF KNOWN			
		Application Serial Number	Not Yet Assigned
		Filing Date	Herewith
Submitted with Initial Filing	Submitted after Initial Filing (surcharge 37 CFR 1.16(e) required)	Group Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assinged

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTROLLING RESORPTION OF BIORESORBABLE MEDICAL IMPLANT MATERIAL

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on as United States Application Serial Number or PCT International (MM/DD/YYYY)

Application Number and was amended on (MM/DD/YYYY) (*if applicable*).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.

Declaration and Power of Attorney for Utility or Design Patent Application

Serial No.: Not Yet Assigned

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DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label Here

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Steven M. Bauer	31,481	Thomas C. Meyers	36,989
John V. Bianco	36,748	Joseph B. Milstein	42,897
Isabelle A.S. Blundell	43,321	David G. Miranda	42,898
Maureen A. Bresnahan	44,559	Ronda P. Moore	44,244
Michael H. Brodowski	41,640	Indranil Mukerji	P-46,944
Jennifer A. Camacho	43,526	Edmund R. Pitcher	27,829
Joseph A. Capraro, Jr.	36,471	Dianne M. Rees	45,281
John J. Cotter	38,116	Michael A. Rodriguez	41,274
John V. Forcier	42,545	Jamie H. Rose	45,054
Steven J. Frank	33,497	R. Stephen Rosenholm	45,283
Brian M. Gaff	44,691	Christopher W. Stamos	35,370
Michael J. Giannetta	42,574	Joseph P. Sullivan	45,349
Duncan A. Greenhalgh	38,678	Robert J. Tosti	35,393
William G. Guerin	41,047	Thomas A. Turano	35,722
Jonathan A. Harris	44,744	Michael J. Twomey	38,349
Ira V. Heffan	41,059	Christine C. Vito	39,061
Danielle L. Herritt	43,670	Patrick R.H. Waller	41,418
Mi Kim	44,830	Daniel A. Wilson	45,508
Douglas J. Kline	35,574	Yin P. Zhang	44,372
John D. Lanza	40,060		
Kurt W. Lockwood	40,704		

Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to:

Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Jianmin				Li				
Inventor's Signature						Date	3/08/01	
Residence	City	Lexington	State	MA	Country	USA	Citizenship	USA
Post Office Address	21 Bartlett Avenue							
P.O. Address (line 2)	City	Lexington	State	MA	ZIP	02420	Country	USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) attached hereto.								
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Samuel				Baldwin				
Inventor's Signature						Date		
Residence	City	Newton	State	MA	Country	USA	Citizenship	USA
Post Office Address	6 Clarendon Street							
P.O. Address (line 2)	City	Newton	State	MA	ZIP	02460	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Tim				Harrah				
Inventor's Signature						Date		
Residence	City	Newton	State	MA	Country	USA	Citizenship	USA
Post Office Address	6 Clarendon Street							
P.O. Address (line 2)	City	Newton	State	MA	ZIP	02460	Country	USA

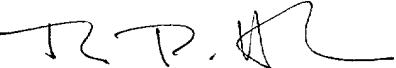
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Given Name (first and middle [if any])				Family Name or Surname				
Jianmin				Li				
Inventor's Signature							Date	
Residence	City	Lexington	State	MA	Country	USA	Citizenship	USA
Post Office Address	21 Bartlett Avenue							
P.O. Address (line 2)	City	Lexington	State	MA	ZIP	02420	Country	USA
<input type="checkbox"/> Additional inventors are being named on the <u>supplemental Additional Inventor(s) sheet(s)</u> attached hereto.								
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Samuel				Baldwin				
Inventor's Signature							Date	3/09/01
Residence	City	Newton	State	MA	Country	USA	Citizenship	USA
Post Office Address	6 Clarendon Street							
P.O. Address (line 2)	City	Newton	State	MA	ZIP	02460	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Tim				Harrah				
Inventor's Signature							Date	3/17/01
Residence	City	Newton	State	MA	Country	USA	Citizenship	USA
Post Office Address	6 Clarendon Street							
P.O. Address (line 2)	City	Newton	State	MA	ZIP	02460	Country	USA